EXERCISE "MEDICAL AUTOMEDON"
D.G.A.M.S. ANNUAL EXERCISE, 1957
BY
Major-General F. M. RICHARDSON, D.S.O., O.B.E., O.H.S., M.D.

"A chiel's amang you, taking notes,
And, faith, he'll prent it."
ROBERT BURNS.

This year's exercise had a markedly Scottish flavour. Good Scots tongues abounded to cheer the heart of the exile. But that is not the reason for the quotation above. As I am a bagpipe enthusiast it is apt to be assumed that I am a Scotsman of the perfervid "here's tae us wha's like us damn few and they're a' deid" type, and consequently a lover of Burns. Far from it. For me the admitted magnificence of "Tam O'Shanter" and some other poems barely balances the mawkish sentimentality of "The Cotter's Saturday Night"; and far too much of the drivel in collected works would barely qualify Rabbie for a job writing those little slips that go inside crackers. I think that Scots are slightly ridiculous in annually celebrating such a "national hero," when there are so many more deserving of honour if we really must have a pretext for those annual orgies at which the English are softened up with rich feasting until they are ready to listen with fuddled benignity to our assurances of our inherent superiority. A Scots writer diagnosed all this as a manifestation of a racial sense of inferiority, a disability from which the English have never suffered. What Scotsman has ever been offered so much as a cup of tea on St. George's Day? Although I have never demeaned a noble instrument by piping in a haggis, a quotation or two from Burns stick in my mind, and this one is very appropriate to my situation at Mytchett, having been detailed again by the Editor to be his reporter of the D.G.'s annual exercise. So, in the words of an Aberdeen soldier who never varied the opening sentence of his weekly letters from the Western Desert in all the months during which I had to censor them, "Here I am again wi' ma wee bit gossip."

First of all the presiding genius of the exercise was defined in the programme as follows:

"During the fighting before Troy, Achilles put his armour at the disposal of Patroklos, much against his better judgement. Patroklos, after fighting bravely, hazarded his (or rather Achilles') armour, lost it, and was killed. Command then devolved upon Automedon, the 'breaker of the ranks of men' who fought 'swooping with his chariot as a vulture on wild geese.'

Automedon, an ex-cavalry officer, at one stage of the battle had to be restrained from taking his fighting vehicle too close to the foot soldiers. Later he showed good generalship in deciding to fight dismounted at a time when infantry was needed. But although he saved the day he could not capture the lost armour.
The medical services were not much in evidence. In fact, only Phoebus Apollo could claim any success in treating battle casualties. When called on by one of the wounded, he quickly managed to arrest haemorrhage, used some form of analgesic therapy and ‘straightway made his pains to cease.’ Apart from this one case, mortality among the wounded was extremely high.”

Automedon himself, a magnificent figure authentically dressed in Greek uniform of leather and bronze, made periodic appearances, at one of which he neatly accounted for his presence by saying that he was there to try to convince senior officers that they enjoyed the benefits of a classical education. This set me off on research into the correct pronunciation of his name, for I mistrusted the apparently accepted “ortomédon” and inclined towards “ortómédon.” However, I find that although the “e” is undoubtedly an epsilon it is the second “o” which is an omega, so I suppose we all ought to have been saying “örtó-mýðoán,” which sounds like those jingling little nonsenses which kept coming into hexameters and pentameters and all that.

This year’s opening narrative had been issued in advance, which caused an uneasy feeling that one ought to have put in some pre-exercise work. But any clouding of the carefree spirit in which we usually assemble to hear the tale unfold was allayed by the finely painted proscenium on which we saw the map of the slightly Dardanelly imaginary lands in which we were to study limited war operations of the type with which our army must always be ready to deal. The public health aspects of Dost, the friendly country which our expeditionary force was to help, had a familiar ring, and some bitter lessons from history could have been cited in support of the A.D.A.H.’s resolute decision to leave at once by air for liaison and personal study of army health problems. The initial force planning was ably presented by Western Command. The Field Training Centre team, in yet one more attempt to master the visual aids to what Colonel John Douglas used to call “the reading of the laundry list,” kept pace with the build-up of medical units by building castles on the floor model, not with bricks, but with veritable seed-boxes. Some critics thought that more hospital beds should have been established in Dost, and we never heard Colonel Curran’s reasons for not wanting them, for I am sure that he did not. If he had wanted them he would have got them. No mere staff officer could have stood up to him, to judge by the spirited way in which he dealt with the discussion. During this serial we learned that the bagpipe is classified in the Ordnance Vocabulary as a musical instrument, and close to the bag of that instrument follows the Millbank bag for filtering water—water! What would a former Duke of Atholl’s piper have thought of this? When caught by the duke drinking the tumbler of whisky given to him for seasoning the bag he explained “She aye likes it blawed in.” Really the more delicate bits of unconscious humour in the Ordnance Vocabulary far excel those widely—indeed broadly—quoted items about crockery. “Tables—holy” for example; and the sword carried by general officers—“Swords, scimitar, with handles Mameluke.”
The talk on logistics given by Brigadier P. H. Man, the Director of Administrative Planning, was most interesting and highly entertaining. I remember a previous D.A.P. saying that as those in Whitehall are too busy to think, they have a habit of de-centralising the duty of thinking. Anyone who reads Brigadier Man’s paper in the exercise report will find plenty to think about.

The first morning ended with a well-staged demonstration by the Cambridge Military Hospital of Field Medical Company Training, the more acceptable term for what began as “brick” training. Few readers of this Journal can fail to be aware that what began so recently as last year’s exercise as what I called a phase in the search for the medical critical mass in nuclear warfare, has now passed beyond the stage of study of the establishment for a sub-unit from which may be built various types of field medical units, and has led to widespread experimentation with a form of training designed to multiply the hands available to carry out a variety of medical procedures in the care of casualties in grave emergencies, even if the brains controlling some of the hands do not comprehend the full significance of what they are doing. “Procedure training” was one term I heard used for it. The first of the basic procedures elaborated by Major-General Woods’ committee is Preparation of Accommodation, and this was demonstrated by the Cambridge Hospital medical company who marched on to the music of the Corps band.

After lunch there was a session on guided missiles during which our old friend Mr. Neville Gadsby, the Deputy Scientific Adviser at the War Office, described recent advances, and Lieut.-Colonel Levis dealt with medical standards for those who handle these missiles in a talk illustrated by playlets staged by the Army School of Health in which we saw graphic presentations of the hazards which surround them. Finally the victim of one of these accidents, W. O. Wakes, kindly came along to describe his experience. He attributed the saving of his eyesight to the prompt action of his comrades well trained in first aid.

Meanwhile things had not been going too well in Dost where both British and Dost forces had sustained casualties from nuclear attack and where the enemy had established air superiority, though luckily it was believed that they had for the time being no more nuclear missiles available. The second problem dealt with a brigade group which had taken up a strong defensive position from which no evacuation by air or other means was expected to be possible for several days, which was a serious matter for it already had 700 casualties, and a further 200 casualties daily from conventional attack were anticipated.

Lieut.-Colonel Maclaine, the spokesman for Southern Command, outlined the points to which attention had been given in the brigade’s field ambulance during the training phase, which included procedure training designed to ensure that the unit could care for 600 serious cases for several days, 100 in each section and 200 in H.Q., although still prepared, as every field ambulance must be, to handle considerably greater numbers of light cases as well. He had asked for a lot of useful, in fact essential, extra equipment, and anyone who was or had been a field ambulance C.O. must have wished him luck in finding transport to carry it; but here I must add that at several points during the exercise we saw
encouraging evidence of the progress being made in reducing the weight, and of equal significance to field medical units, the bulk, of several items of medical equipment.

The tactical picture of the isolated brigade group was then painted for us by the Field Training Centre, and “painted” was the word for they used plywood “goose-eggs” so prepared that they glowed brilliantly when the lights went out and ultra-violet lamps went on. I think this little act was staged as much for their own enjoyment as for ours, and it was really too bad next day when it was repeated for some distinguished visitors that the ultra-violet lamp became transiently temperamental. When it came to hearing Lieut.-Colonel Maclaine report to the D.D.M.S. how his unit had coped with the battle we were not a bit surprised to hear that, true to the tradition of field ambulances, they had succeeded in collecting all the casualties and by many improvisations getting them all eventually under cover. Nor were we surprised that Colonel Barnetson, who easily qualified for the post of Leader of the House in this year’s Shadow Cabinet, deplored the use of ambulance cars as “small wards,” which would make a good field ambulance C.O. feel as uneasy as an armoured regimental commander with all his tanks dug in as anti-tank guns. I day-dreamed briefly of an occasion when a D.D.M.S. had ordered me to surrender temporarily one or two of my twenty four-stretcher ambulance cars—yes, we had twenty in those days in a light field ambulance—and I pleaded that its ambulance cars were the umbilical cord of a brigade which if carefully preserved whilst it lay coiled in the warm womb of the training area would save lives when it was delivered on the cold bed of the battlefield. When I say that the D.D.M.S. was that redoubtable brigadier known to a far wider circle than his own beloved 43 Division as “Sandy” no one will be surprised to learn that he had no difficulty in cutting the cord and getting his ambulance cars. During Lieut.-Colonel Maclaine’s report the D.D.M.S. was subjected to a torrent of well-meant advice and criticisms, based on experience of real hard campaigning, from Automedon whom he seemed to find unbearably tedious in the role of back-seat charioteer. It was in fact an all too obvious reminder of the fate of those who reminisce of past campaigns that poor Automedon was treated with far less respect than was Deucalion last year, although in his robust soldierly manner he was an almost equally dignified presence. Almost—for it must be confessed that it was a pity that all those Scottish friends had not been able to teach him the art, an art possibly only acquired by those who start young, of sitting in the kilt with graceful discretion.

“Oh, wad some power the giftie gie us
To see oursel’s as others see us!”*

(from the orchestra stalls)

Discussion on the isolated brigade’s medical problems was opened by Captain Bryson, who described his experiences with a field ambulance at Arnhem in a most interesting short talk, which gave special pleasure to Colonel Graeme Warrack who was also there.

* Do you English know that these well-known lines come from Burns’ ode “To a Louse. On seeing one on a lady’s bonnet at church”?
After tea we saw a splendid demonstration by The David Bruce Laboratories and the National Blood Transfusion Service. We were shown the organisation of a centre for rapid collection of blood from donors, and also some interesting new equipment such as plastic bags to replace the usual bottles. Nearly five hundred officers and men from Aldershot District had volunteered as donors and the demonstration was thus a most profitable one in more ways than one and was a happy example of co-operation between the Army and the National Blood Transfusion Service. This demonstration was run by our esteemed editor, and by way of congratulation I can do no better than record that Colonel Crosby, the head of the Transfusion Department of the Walter Reed Hospital, Washington, said that it was one of the best demonstrations of transfusion equipment he had seen. In a brief talk he stressed the value of standardisation of our equipment with that of the United States army, and said that he liked the look of some of our equipment.

The important subject of acclimatisation had been introduced early in the day when the D.D.M.S., with medal ribbons and gorget patches on his bare chest, was put into a portable Turkish bath and emerged shrunk to less than half his size—a phenomenon well within the powers of the dramatic effects department of the Field Training Centre. The old story of the Afrika Korps being rapidly acclimatised in greenhouses was described as a myth by the Director of Army Health in an address which was punctuated by voices off—by the good broad Scots of Dr. Parkes, Dr. Barclay, R.M.O. of the 43rd Foot in the mid-nineteenth century (whom we saw sitting under a punkah in a red coat lent by that famous regiment, one of Wellington's best) and by muttered comments from a Macedonian and a crusader, who trudged across the stage in their heavy kit in striking contrast with a modern British soldier in his shorts. These little interludes were really excellently done, as well as anything of the sort I have seen, but I doubt if they really made the subject-matter of an important talk any easier to absorb. I for one could have listened without pain to a straight lecture by Brigadier Capon for more than his allotted thirty minutes.

An extremely varied first day ended in the cinema with a demonstration of night signs and a film of the Maralinga nuclear test explosion. Then, as a nine-hour day could hardly satisfy the D.G., he allowed a few of us to see after dinner an excellent film of methods of burns treatment being used in Baghdad.

Next morning whilst we were assembling for an outdoor demonstration described in the programme as "Research Projects" a Scots Guards piper in full dress, feather bonnet and all, marched up and down piping, and piping very well indeed, whilst wearing what looked like a small respirator. Soon we saw a squad of Guards recruits drilling, men playing football, doing P.T. and so on, and in each group a few men were wearing this device, which Major J. M. Adam introduced to us as the "Imp"—the Integrating Motor Pneumotachograph. The descriptive word "portable," which as you have gathered it deserves, was excluded from its title, as Major Adam explained, for reasons of euphony. It was then demonstrated how this ingenious instrument was devised and how it has been used by the Diet and Energy Team working with the Medical Research
Council to study men’s output of energy in almost every conceivable kind of military activity and in their daily lives, and so helped to estimate their dietary needs with scientific accuracy. One of the demonstrators was Mr. Wolff, the inventor of the device, and to him fell the privilege of presenting to Piper Blair the traditional piper’s dram which he sucked skilfully through a tube in his “Imp,” a feat which he successfully performed some four times or more as the different groups came round.

The patience and inventive genius which had been put into the elaboration of these scientific investigations compelled our admiration, but I did reflect that the answer to the question whether the soldier’s ration satisfies his needs has been tersely expressed for some time by the soldier himself; and I wondered what the N.A.A.F.I. will say to the Diet and Energy Team if they produce a ration which does satisfy those needs.

When we reassembled in the gymnasium the D.G. announced that Surgeon Captain C. B. Nicholson had presented Mytchett with a ship’s bell. Later on “Nick,” who must have felt that the methods hitherto used to persuade the milling horde of senior officers to hurry to their seats lacked dignity, was persuaded by the D.G. to give the bell a ceremonial and very nautical tonk, not the last one by many that he will hear at Mytchett, we all hope.

By now the situation in Dost looked brighter. The enemy were withdrawing, the isolated brigade was being relieved and there was even a helicopter to spare to give the D.D.M.S. and his inseparable companion Automedon a hurrl—sorry, a lift. We heard from Lieut.-Colonel Marshall the Northern Command idea of how the A.D.M.S. of “W” Force would have appreciated the situation when given the task of dealing with 1,200 casualties held within the isolated brigade’s perimeter after the brigade was relieved.

After lunch we went first to the Royal Aircraft Establishment at Farnborough, where the R.A.F. medical services gave us a most interesting demonstration of some aspects of casualty air evacuation and air transport support of the army. A Casualty Air Evacuation Flight less its two sections had set up a Reception Tent, a Holding Tent, and an Emplaning Tent. The first two are self-explanatory, and in the third we saw patients being prepared for a flight, fitted with safety harnesses, and briefed, before being loaded into a Beverley aircraft. We then saw a second Beverley loaded with 48 stretcher cases and 28 sitting in the boom, and finally a Beverley with a platform loaded for a medical heavy drop. This load had not as yet been test-dropped and came in for some dubious glances, but this was a mere detail which will of course be cleared up by the airborne experts. The demonstration gave us a good insight into what the R.A.F. can do for us.

From Farnborough we went to the Long Valley, where the 2nd Battalion The Parachute Regiment and 23 Parachute Field Ambulance gave a splendid demonstration of a brigade in a defensive position tackling the exercise problem of holding numerous casualties. As we approached the battlefield a mounted policeman was a nostalgic reminder, in these days of spaceumpanship, of the part once played by the horse—of how staunch Copenhagen carried his master...
all over the battlefield throughout that “hard pounding” day of Waterloo, whilst Napoleon sat chain-snuffing on a kitchen chair outside La Belle Alliance for most of the day until that last despairing gesture when he stood with his cloak thrown back to let the advancing Old Guard see his decorations. Copenhagen could claim some share of the credit when the Duke said to Creevey on the day after the battle, “By God! I don’t think it would have done if I had not been there.”* (1)

Unlike the Western Desert, the Long Valley could not be cleared of its normal inhabitants, and when our bus arrived it scared a young girl’s high-spirited pony, sparking off another fleeting battlefield picture of “ane gay palfray, littil and joly” which carried another conquering hero—Robert Bruce at Bannockburn.

At a company position we saw an enemy attack and the work of the company aid post, and then an R.A.P., C.C.P., and A.D.S. were visited, all well dug down and with many casualties held in bull-dozed excavations. The A.D.S. was holding 300 seriously wounded men and was not overlooking any aspect of their prolonged care, even occupational therapy. The A.C.C. Training Centre had laid on an impressive demonstration of field cooking, and Major Harwood was there again to tell us about it. The nature of the country lent itself to the use of what they called “dozer scrapes,” which in some parts of the Normandy bridgehead were a very mixed blessing in wet weather. I can suggest no better solution to the digging problem, but their drainage will probably always be difficult. I heard criticisms that notices more appropriate to the departments of a hospital struck an unrealistic note, but we should have remembered how the soldier does indeed adapt himself in that way to the conditions of prolonged defence. During the tea interval there was a demonstration of neuro-surgical cases being prepared for evacuation and loaded into a Westland helicopter, and finally we saw a demonstration of how a field medical company from a general hospital would, after the relief of the beleaguered brigade, come forward and take over a number of its casualties.

This is a colourless account of a really fine demonstration, but it must be remembered that this article aims at increasing the number of those who will read all about it in the official report of the exercise. Those who planned the layout of the brigade position, the carefully timed progression round it of the various groups, and the many realistic sights which we saw, should have little difficulty in planning the medical support for real operations.

Two more flags joined the table decorations at the exercise dinner, for we had with us Brigadier Rauch, Surgeon General Union Defence Forces, Major-General Refshauge, the D.G.M.S. of Australia, who was already well known at Mytchett, and Major Paige of the Royal Australian Army Nursing Corps. We missed Generals Burki, Chaudhuri and Hayes and Brigadier Shier, but they had all sent one or more of their officers, the United States being especially strongly represented. Major-General Powell had come from SHAPE.

* Peterborough in the Daily Telegraph recently pointed out that Sir Winston Churchill, like Guedalla, misquoted this as “would not have been done.”
Two papers read on the last morning should be studied in the final report by everyone—Mr. Walpole Lewin on the Neurosurgical Casualty and Lieut.-Colonel Burbridge on Field Medical Company Training. No D.G.'s exercise is truly satisfying without some really high-class professional leaven, and this Mr. Lewin provided in its most palatable form. For all he had to tell us in his own special sphere, he found time to sound a very important note of warning on the wider aspects of the surgical problem when he said that the young general surgeon of today is not so "general" as one might think. He then said, "In the future, therefore, the Army may have to find some way of training sufficient young general surgeons quickly in traumatic surgery, and I think it is a problem which is likely to demand a good deal of thought and co-operation between army and civilian personnel. Indeed I would feel that one of the main tasks of the army medical services in the future may be to lead the way, as indeed they have done in so many other fields in the past, in the reintegration of the various surgical disciplines."

Mr. Lewin's talk stirred up a spirited discussion in which, amongst others, we heard Colonels Raven, Todd, Willcox and Warrack. The airborne incursion from beyond the Tartan Curtain was occasioned by Mr. Lewin's suggestion that the neurosurgeon should tackle everything above the neck, and Colonel Warrack, a distinguished dental surgeon, put in a claim for the maxillo-facial surgeon. But the military analogy is inappropriate here. The frontiers of Dost were forgotten, and the brass plates gleamed undimmed by camouflage. Medicine in the wider sense may know no frontiers, but an occasional foray between medicine in the narrower sense and surgery is always good fun, and I was a bit surprised that the physicians in this discussion allowed a surgeon to get away with the remark that the neurosurgical team "carried" a physician. That verb has a certain connotation nicely illustrated at a guest night at which a burly staff captain bore a small brigade major around the ante-room crying out "Q carries G, as usual." Lieut.-Colonel Burbridge's talk was full of interesting sidelights on this training in mass casualty management which those engaged in it will find helpful. As he said, the new approach in which the procedures in the care of patients are taught by rote rather than by reason, has captured the interest of the trainees, but the background of anatomical and physiological information must be painted in, especially for the more intelligent and inquiring trainees, if the skill is to stick. In many other forms of training men are found to take much greater interest in the theories once they have seen the practice. An interesting point was that the "casualties" provided by the R.A.M.C. Depot were so interested that several became regular recruits. In Germany we have been struck by the interest taken by large numbers of men of combatant units who have been subjected to the discomforts of being faked casualties. Their interest in first aid training seems to be stimulated by the experience. Lieut.-Colonel Burbridge quoted a member of the Army Nursing Advisory Board who said, "At least you have proved that it is possible to train the virtually untrainable."

This year again we saw various interesting types of equipment which are undergoing user trials, and once again we thought—roll on the day when we get...
some of it. In Lieut.-Colonel Waterston’s demonstration of Medical Self
Service, dealing with casualties under pressure, we saw a fine new type of burns
dressing which achieves a notable reduction in bulk, 100 going in the space of
16 of the old type. When certain difficulties in sterilisation are overcome it will
be a real advance.

After reports on A.E.R. and T.A. training, we heard some remarks by Colonel
Hughes for the A.E.R. and Brigadier Ward for the T.A. Brigadier Ward was
encouraging in his belief that the old volunteer spirit is returning in the Ter­
ritorial Army. Colonel Hughes’s short speech was in effect an affirmation of
A.E.R. loyalty to the Corps and to the D.G. himself, and of their readiness to go
anywhere and do anything. No one was better qualified than Colonel Hughes
to make that affirmation, for during the recent Suez crisis he left his civilian
practice to command his general hospital with great success.

The general discussion on the lessons of the exercise and the D.G.’s closing
remarks reflected not only the pleasure that we all get from these annual meetings
of old and new friends in the military medical world but the stimulus we all
receive to our work and thought.

The general staging of Automedon was well up to the high standard which the
Field Training Centre sets itself. The “drops” were in various colours against
a black background and were well chosen, although when the Commandant of the
Army School of Health during one serial exhibited the armorial bearings of the
Earls of Perth it seemed that his knowledge of heraldry had dimmed his apprecia­
tion of the situation. Why should the Drummonds, of all clans, need to “gang
warily” at Mytchett? The drill for changing floor models was impressive, and
the playlets were well acted, brief and to the point, in obedience to the maxim
that the fun must not fog the facts. It was a joy to see an old star back again
in Lieut.-Colonel Irvine, and though we missed Captain Critchley on the stage
he was very active behind it. I did not believe him when he claimed to have
retired from acting after an unkind review by some petty dramatic critic. Obvi­
ously no one had a clue what a Badmarsh general or badmarshal should look like.
When we again engage our traditional dushman, the Fantasians, Captain Critch­
ley’s jack boots will stomp the stage once more.

We were tremendously lucky with the weather, which was especially important
on the second day which was the sort of day when a long-legged colonel from the
middle row of chairs is as happy as a short-legged general in the arm-chair front
row. The weather at an exercise held in October is as important as it is in
Scotland, where traditionally the natives never greet one another without some
reference to it, generally in terms of masterly understatement, nicely parodied in
“Highland Lament” (Punch, 23rd October, 1957) by H. F. Ellis, who would
have enjoyed the remark made to me during the South Uist Highland Games in
the pre-intercontinental ballistic missile era. It had rained in solid sheets from
9 a.m. till 3 p.m. when the sun shone on the white sands and green machar and
we piping judges stood around gently steaming and wondering if our kilts would
fall off from sheer weight of water. An aged inhabitant remarked, “A grand day
for the games—but it was a pity about that shower.”
Exercise "Medical Automedon"

I have already said a bit about Automedon's main theme. In an already overworked metaphor, the New Look, Medical Sputnik I, its re-animating task fulfilled, has now disintegrated. It was doomed when the division ceased to be the basic formation with a fixed establishment. Field Medical Company Training, Medical Sputnik II, wisely set not so distant in space, is still orbiting at a fine speed visible to the naked eye at all levels. It is to be hoped that a method can be found to maintain its progress without the periodic discharge of rockets. We have not yet reached the moon. The medical company will eventually be integrated into a sound field medical organisation and the training must be integrated into the normal progression of Corps Training. It is quite obvious that a field force could never be fully insured against the present threat of mass casualties without unacceptable additions to its administrative tail. To commanders and staff the needs of the medical services in manpower and material in this nuclear-armed age must seem insatiable. The present training drive manifests to them that we are determined to do the mostest with the leastest. Existing units have been made fitter for their possible tasks, but staff officers must never be allowed to forget that trained medical manpower can only develop its full potential in life-saving treatment if they are relieved of as much as possible of the man-handling tasks of collection, transportation and, if necessary, decontamination of mass casualties.

Great enthusiasm and interest have been aroused, and much really hard and profitable work has been done, for which, if it is fair to single out anyone for praise, we might thank especially our always hard-worked sister tutors.

Whatever may have been the name of the dog in the second Russian sputnik, the answer to our own is certainly not a lemon. So, as in travelogue mood we wended our unwilling way to the vehicles waiting to bear us swiftly from Mytchett, a haunting evocation of the spirit of Tir n' an Og, the land of youth, fell faintly on our enchanted ears, as through the golden autumnal haze sounded the clear notes of "Will ye no come back again" played by Piper Blair on the island in the near-by loch—that miniature Hebridean haven set in the heart of hoplitic Hampshire. (I hope Automedon will accept the validity of that last adjective, meaning "teeming with soldiery."). Of course, I know that there is no island in Mytchett Lake, but no doubt by next year there will be one, probably complete with a ruined castle and a legend of the imprisonment there of Sir James McGrigor, in about his thirty-fifth year of office, by a dissident clique of promotion-happy Inspector-Generals.

After Deucalion and Automedon, I feel that the Field Training Centre can do almost anything.

REFERENCE